DEPARTMENT OF EMPLOYEE TRUST FUNDS

Division of Trust Finance & Employer Services P. O. Box 7931 Madison, WI 53707-7931

MONTHLY PREMIUM REPORT GROUP INCOME CONTINUATION INSURANCE

Please write or type PV Numbers in space provided on reverse page. Do not send paper PV's to ETF.

(All State Employees Except University of Wisconsin Faculty) Wis. Stat. 40.05(5)(a)

Department Name			Employer Identification Number (EIN)			Coverage Month/Year		
				69-036-				
	 	Premiums – Er	mployees in Pay Status			T	 	
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share
1					Х	0%	=	- 0 -
2					Х	0%	=	- 0 -
3					Х	200%	=	
4					Х	340%	=	
5					Х	570%	=	
6		- 0 -	- 0 -	- 0 -				
	Subtotal A				T	otal C State	Share	
		Premiums – Emp	loyees NOT in Pay Status	S				Plus (+)
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Total E	Total Employee-Paid Premium (Subtotal A + Subtotal B)		
1								Plus (+)
2						Total Employee-Paid Supplemental Premium		
3					((Subtotal D + Subtotal E from reverse)		
4						Equals (=) Equals (=)		
5						Total Amount Due		
6							_	
			Subtotal E	3				
Date (MM/E	DD/CCYY)	Prepared By:						Telephone No.

		Supplemental Pren	niums – Employees in Pay	Status
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Subtotal D				

Supplemental Premiums – Employees NOT in Pay Status				
	Number of Employees		Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				

Subtotal E

PV Numbers			